

Foster Family Home - Corrective Action Report

Provider ID: 1-515760

Home Name: Victoria Lova, CNA

Review ID: 1-515760-6

94-554 Hiaku Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/25/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection conducted for this CCFFH. Home met all temporary compliance requirements as determined during Covid-19 criteria at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

Cubova
Primary Care Giver

4/27/20
Date

4/27/20
Date